Child birth is an unexplainable miracle. All women hope to have an uncomplicated childbirth with the delivery of a healthy baby. Though they all hope for a complication free pregnancy and birth, not every woman experiences a safe and healthy pregnancy. Therefore it is most important they acquire the care of medical professionals, Obstetrician and Neonatologist, to make sure all is going well and if there is a complication early detection is the best treatment.

An Obstetrician is a certified doctor who works with women during their pregnancy, labor, and birth. The American Board of Obstetrics and Gynecology states that in order to become an Obstetrician one is required to graduate from an approved medical school. Also one must complete four years of residency training that includes: obstetrics, gynecology, gynecologic oncology, ultrasonography, and preventive care (Choosing an Obstetrician 1). Once the residency training is completed, the aspiring Obstetrician must pass the test administered by the American Board of Obstetrics and Gynecology. If a mother gives birth to a premature baby, a critically ill baby or one in need of surgery that baby must be seen by a Neonatologist. A Neonatologist is specially trained to diagnose and treat newborns’ with medical complications. Much like the certifications of an Obstetrician, a Neonatologist must complete four years of medical school, followed by three years residency training in general pediatrics, and three years of residency training in newborn intensive care. They will then obtain their certification from the American Board of Pediatrics and the Sub-Board of Neonatal- Perinatal Medicine (Lynne D. Willett, MD 1). With the care of these specially trained medical professionals, pregnant women can be assured the health of their baby and themselves throughout their pregnancy, during, and after birth of their baby.

Those who are pregnant hope for the best and for a complication free birth, but a complication free birth is not always the case. There are many complications that can occur during labor and delivery. When complications of pregnancy do arise, pregnant women who see their OB/GYN on a regular basis are more likely to get an early diagnosis, and with it, the best chance for fast and effective treatment (Ford-Martin 5). Some include amniotic fluid embolism, placenta accrete, and prolapsed umbilical cord. Amniotic Fluid Embolism occurs when amniotic fluid (liquid in the placental sac that cushions the fetus, regulates temperature in the placenta, and contains fetal cells) obstructs from the amniotic sac and through the veins of the uterus and into the circulatory system of the mother. This fluid containing fetal cells then blocks the pulmonary artery, causing a heart attack (Ford 2). Amniotic Fluid Embolism can be treated by administering steroids to the mother and delivering the baby as quickly as possible. Placenta accrete is the result of the placenta implanted too deeply into the uterine wall, enabling it from detachment during the late stages of childbirth. This leads to uncontrollable bleeding (Ford 2). Surgical removal of the placenta is usually necessary if placenta accrete occurs. A Prolapsed umbilical cord occurs when the cord is pushed down into the cervix. If the cord becomes compressed, the oxygen supply to the fetus is cut off, causing brain damage or possible death to the fetus (Ford 2). If prolapsed umbilical cord occurs a cesarean section may be necessary. All of these conditions can be prevented and treated if in the care of an Obstetrician.

If after the delivery a baby is having complications they must be seen by a Neonatologist. A Neonatologist studies the growth, care, and diseases of newborns. Neonatology is a growing medical subspecialty that has radically improved the survival rate of neonates who are born preterm or are underweight (Neonatal growth and development 1). Common complications with a new born include: prematurity, neonatal jaundice, and vitamin K deficiency. A premature baby is born before 37 weeks of gestation. When a baby is born premature it is not fully developed with a low birth weight and undeveloped organs. Due to their underdevelopment it is almost impossible for preemies to survive on their own. Premature infants need the special care provided by a neonatal intensive care unit where the baby is kept warm, fed, and protected in the proper environment (Elghobashi 2). They need to be put in an incubator to keep them warm because they lack body fat, which would keep them warm on their own. Their lungs are also underdeveloped making it hard for them to breathe on their own and circulate blood throughout their bodies. Every baby is born with jaundice, yet it is the premature babies that are at higher risks for complications due to high bilirubin levels. Neonatal jaundice is higher-than-normal level of bilirubin (by-product of the breakdown of red blood cells) in the blood (Edgren 1).When functioning normally bilirubin is broken down in the liver and excreted through the stool. It is not unusual for the baby’s liver to have difficulty carrying out this process at first because before birth bilirubin is excreted through the mother, so it takes time for the baby’s liver to take over. Yet underdeveloped premature baby’s organs are not fully developed like a normal baby’s and it is harder for their livers to take over the process of excreting bilirubin. High levels of bilirubin can be fatal if not treated by a Neonatologist. Infants with very high bilirubin levels may need medical treatment to prevent serious complications, such as mental retardation, hearing loss, behavior disorders, cerebral palsy, or death (Edgren 1). Some infants are born with low level of vitamin K in their body; they do not have any vitamin K-producing bacteria in their intestines (Frey 1). Due to the deficiency of vitamin K infants may develop a hemorrhagic disease, where spontaneous bleeding occurs beneath the skin or elsewhere in the infant’s body.